MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7						
8		1				
9		1				
10	1					
11		1				
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44		1				
45		1				
46	1					
47		1				
48		1				
49		1				
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
		IND	DEP	IND	DEP	IND	DEP
51			1				
52			1				
53			1				
54			1				
55			1				
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97							
98							
99							
100							
TOTAL IND.	6						
TOTAL DEP.	49						
TOTAL CLAIMS	55						